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## **How the Swiss federal drug policy spreads to cantons and cities: an evaluation**

Kübler, Daniel ; Widmer, Thomas

**Abstract:** Since the early 1990s, the Swiss Confederation has been promoting the “Four-Pillars” model to address drug-related issues. This model seeks to reduce drugrelated problems by intervention using the four fields of prevention, treatment, harm reduction, and repression. Since the Confederation has no constitutional competence in drug policy, it cannot enforce this model in a top-down manner. Instead, it must rely on other means in order to convince the main players of Swiss drug policy – the cantons and the cities – to adopt its ideas.

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# How the Swiss Federal Drug Policy Spreads to Cantons and Cities: An Evaluation

Since the early 1990s, the Swiss Confederation has been promoting the “Four-Pillars” model to address drug-related issues. This model seeks to reduce drug-related problems by intervention using the four fields of prevention, treatment, harm reduction, and repression. Since the Confederation has no constitutional competence in drug policy, it cannot enforce this model in a top-down manner. Instead, it must rely on other means in order to convince the main players of Swiss drug policy – the cantons and the cities – to adopt its ideas.

In 1991, the Swiss Federal Council approved the first program of measures to reduce drug-related problems (MaPaDro), and authorized the Swiss Federal Office of Public Health (SFOPH) to promote projects in the fields of prevention, treatment, and harm reduction. In 1997, it extended this mandate to cover a second program of measures (MaPaDro 2), valid up to the end of 2001. The two MaPaDro programs comprise the principal activities of the Confederation in the first three “pillars,” whereby repression is excluded. These activities consist mainly of financial support given to pilot projects, promotion of research, and evaluation, as well as the improvement of coordination between drug policy actors.

In January 2000, the Institute of Political Science at the University of Zurich was

mandated to evaluate how MaPaDro-related activities of the SFOPH have influenced cantonal and communal decision-making in the field of drug policy, and to what extent they have contributed to a spread of the Four Pillars model among cantons and cities. Four separate studies were carried out for this purpose, based on both quantitative and qualitative methods. In the following, the focus is on one of these studies that maps the extent of political support for the federal program in cantons and cities:

The factors that are conditional for success in the implementation of a policy are a classic subject of policy research and evaluation. Studies dealing with this issue have shown that political support from interest groups and decision-makers in executive and legislative bodies is a key factor for success. Hence, mapping the extent of political support for the federal program in cantons and cities was an important objective of this evaluation. More precisely, political support was assessed on the basis of two indicators: (a) the acceptance of MaPaDro 2 measures (i.e. whether a given measure was accepted or rejected by decision-making bodies); and (b) the degree of conflict in relation to MaPaDro 2 measures (i.e. the ratio of positive to negative votes in decisions taken on a given measure). Empirically, these two indicators were assessed by a thorough screening of drug-related policy decisions at the federal level,

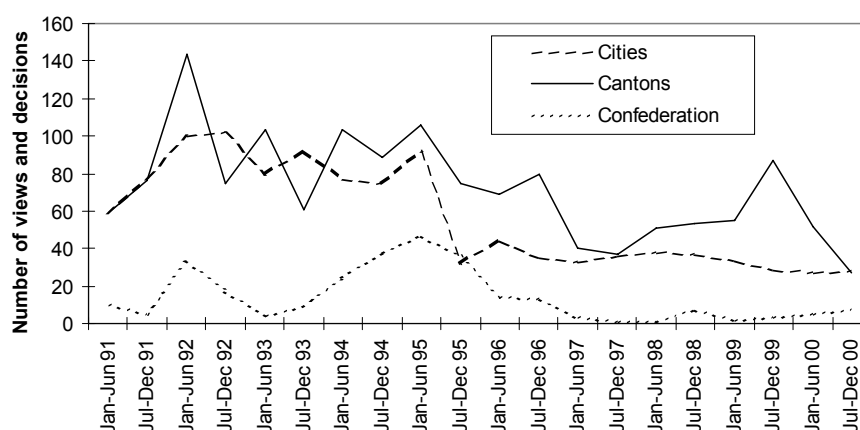
in all 26 cantons, as well as in 28 selected cities. During the period 1991–2000, a total of 2,850 decisions on drug policy were identified: 281 on the federal level, 1,442 on the cantonal level, and 1,127 on the communal level.

Viewed in chronological terms (Figure 1), it was obvious that, between 1991 and 1995, the political authorities took a great interest in drug-policy issues. Since the first half of 1995 (clearing and closure of various open drug scenes), however, this interest has shown a marked decline.

Overall, acceptance of MaPaDro 2 measures was relatively high. There was a clear predominance of positive decisions with respect to drug policy measures contained within the federal program. Acceptance of prevention was excellent throughout the period under review. Positive decisions also predominated in the fields of treatment and harm reduction, although acceptance in these areas was considerably lower than in the prevention field. Low acceptance in the field of treatment was primarily due to negative decisions taken on heroin-assisted treatment. Acceptance in the field of harm reduction fluctuated greatly in municipalities and cantons alike over the same period. However, overall acceptance of harm reduction measures tended to grow at all state levels and can now be assessed as very high, though presumably of limited stability.

With respect to the degree of conflict, it was not possible to discern a clear trend, either in cities, or at the cantonal or federal levels. The data therefore refute the widely held view that a consensus on drug-policy issues has emerged over the last ten years. The opposite seems to be true in the cities and at the federal level: since the second half of 1998, the degree of conflict has been growing again. Harm reduction exhibited the highest degree of conflict, and prevention the lowest. While political controversy in the field of harm reduction related to a number of different measures,

Figure 1: Views and decisions relating to drug policy 1991–2000 (N=2850)



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conflict in the treatment field was focused on heroin-assisted therapy.

A classification of the cantons and cities under scrutiny (Table 1) shows that political support of MaPaDro 2 measures was strong in most cantons and cities. Nevertheless, there were some cantons and cities in which support was only weak.

What factors explain these differences in the political support of MaPaDro measures? Multivariate analysis showed that political support is associated primarily with socio-economic structures and urbanization. Cantons with structural deficits paid little attention to the drug-policy measures promoted by the Confederation. There was a significant correlation between a high degree of urbanization of a canton, high cantonal per capita expenditure, and low financial transfer payments on the one hand, and a positive attitude towards MaPaDro measures on the other. In contrast, political variables did not appear to be of much relevance. In other words, this analysis suggests that, for the implementation of the federal drug policy by cantons and cities, "politics does not matter"—a somewhat surprising result, given the intense political and ideological struggle over Swiss drug policy during the 1990s.

During the 1990s, the SFOPH's strategy was predominantly a program aimed at stimulating action. The objective was to launch and disseminate a new model for

**Table 1: Political support of MaPaDro 2 in cantons and cities**

	Acceptance below average	Acceptance above average
<i>Degree of conflict below average</i>	<b>Negative consensus</b> <i>Cantons:</i> Neuchâtel, Nidwalden, Vaud, Zurich*  <i>Cities:</i> Biel, Lugano, Zurich*	<b>Positive consensus</b> <i>Cantons:</i> Appenzell Outer-Rhodes, Basle-Country, Geneva, Zug, Grisons, Obwalden, Schwyz <i>Cities:</i> Lausanne, Köniz, Lucerne, Olten, Renens, Thun, Wettingen
<i>Degree of conflict above average</i>	<b>Disputed rejection</b> <i>Cantons:</i> Thurgovia  <i>Cities:</i> Aarau, Chur, Locarno, Schaffhausen, St. Gallen, Winterthur	<b>Disputed approval</b> <i>Cantons:</i> Lucerne, Basle-Town, Argovia, Valais, Berne, Fribourg, Solothurn, Schaffhausen <i>Cities:</i> Berne, Fribourg

\* Acceptance presumably underestimated on account of executive decisions not being taken into account.

drug policy. This evaluation suggests that, although there are some cantons and cities in which political support for the federal measures is still weak, the SFOPH has been quite successful. Research, coordination, and project-targeted financial support have proved quite effective in increasing the political support necessary for program implementation by cantons and cities. In addition, by using project promotion to force ideologically "sensitive" issues (such as heroin-assisted treatments) onto the political agenda at all levels, the SFOPH very much stepped up the political debate and facilitated change in matters of drug policy.

The high visibility of the drug problem in the 1990s (e.g., scenes of open drug abuse in German-speaking cities) encouraged political support for innovative action in the field of illegal drugs. Today, however, the situation is different. The basic principles have been discussed and the main thrust of drug policy has been decided. Those responsible for drug policy are no longer under pressure to take action, but instead to justify the action taken. The disparities observed in the implementation of the Confederation's drug policy therefore have quite different causes from those observed in the early 1990s, and are most probably due to an absence of needs, or to structural problems in individual cantons and cities. Such disparities are familiar

from many other areas of federal policy. Now that the debate has lost much of its fervor, drug policy is looking more and more like a "normal" federal policy. Today, the SFOPH is faced with the challenge of moving forward from a drug-policy program aimed at stimulating debate and action to a nationwide program that is able to respond to, and, if necessary, compensate for inequalities inherent in federalism. ■

## Contact

For more information please write to:

**Dr. Daniel Kübler**  
 dkuebler@pwi.unizh.ch

**Dr. Thomas Widmer**  
 thow@pwi.unizh.ch

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**Center for Comparative and International Studies (CIS) Zurich**  
 ETH-Zentrum SEI  
 8092 Zurich / Switzerland

Fax +41 (0)1 632 19 41,  
 e-mail: cispostmaster@sipo.gess.ethz.ch  
 http://www.cis.ethz.ch/

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